

The Missouri Waiver: A Means Of Decreasing Costs And Improving Health Care

by Christopher S. Bond

We in Missouri are no strangers to the idea of home and community based services. Last year we worked for and signed legislation that will mark the beginning of a new era in providing for the needs of our frail elderly. This legislation provides for in-home and community care for elderly persons who wish to stay in their homes and who can do so only if they receive some very basic and very important in-home services. I believe that we have proven in Missouri that we can provide for a much better quality of life and at the same time do so at savings.

Likewise, we know that there are children in our state who face very

similar circumstances. As with the elderly, these children face a choice between the lifesaving care they find in an institution, or the love and warmth they so desperately need from their families in their own homes. Children with multiple and complex handicaps have a right to the best quality of life possible. Many of these children can realize the maximum in potential for health, education, self-fulfillment and self-support, only with extensive medical, physical, social and psychological support. Hospital intensive care units and nursing homes currently provide the bulk of these services; but now we must find new ways to

meet the needs of these children.

Missouri's waiver project is designed to demonstrate the cost-effectiveness of placing these children, who currently must stay in costly institutions, back into their own homes and communities. Our goal is to provide them an opportunity to grow and develop as normally as possible in their own homes as members of their own families. I believe that home and community based services can allow these children this kind of growth and development, while providing significant cost savings.

The Omnibus Budget Reconciliation Act approved by Congress in 1981, accelerated the transfer of

fiscal and managerial responsibilities for health programs from the federal government to the state. This allows the Secretary of the Department of Health and Human Services to approve, by waiver, any state plan that includes home and community based services as medical assistance. Missouri's waiver was proposed under these guidelines and had been sent to Secretary Heckler. We expect a positive response from the department in the very near future.

The second objective is even more important than the cost factor. Certainly we expect, and we think we can demonstrate, the project will be cost-effective. But most important of all, the waiver can and will improve the quality of life for children who can be returned to their homes. By expanding the number and scope of services covered in a home based setting, children can be discharged earlier and treated in much more comfortable and more familiar surroundings. As a result, children will be reunited with their families, and in many cases, recovery time can be shortened as their quality of life improves.

As the Surgeon General pointed out, very often children in hospitals may encounter other diseases and infections, but when they go back to their homes they are in an environment in which they can grow, not only because of the physical conditions, but because of the love and care that a family can give.

The specific services that will be offered under the Missouri waiver will apply to needy children who will be eligible for Medicaid services. Some of these services are already covered under the state plan. But current limitations render them inadequate for the extensive service requirements for these children. With this waiver, the state will pay for the medical trans-

portation for the children in need. For example, if the child needs to go back to the hospital, the state will pay for the ambulance. The state will also pay for the homemaker or chore services to help the family with homemaking services, medical equipment and supplies, physical therapy, and pharmacy costs.



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These services represent a very sophisticated level of technology. Indeed, it's often called High Tech Home Health Care. They offer the essential life support systems these kids need to survive. They also include the highest level of skilled nursing care necessary to maintain the patient's quality of life.

The concept behind the waiver was developed while working very closely with children's hospitals and medical professionals. Cer-

tainly we in state government could not have done it on our own, and we owe thanks to a great many dedicated physicians and other health care professionals who helped us pull together the information and outline the standards we must follow. With their combined efforts, we developed the principles and data which are contained in the waiver. We think the idea of a group approach is extremely important, because the children and their families need the support of all care providers. Their combined efforts in bringing together the information is essential if we are to identify the children needing these services, provide the care, and monitor their progress to the highest achievement of their potential and welfare.

The extensive array of services made available through this waiver would enable the children to receive quality care in their own homes. They extend not only to the child, but to the entire family unit. This is a very important aspect of the waiver because it recognizes that not only does the patient have special needs, but that the entire family also must cope with these responsibilities. The waiver alone, however, does not make all of this happen. Many other services are needed if the programs are to be successful. We must have support from the medical community including hospitals, physicians, home health agencies, medical equipment providers and a whole host of medical personnel, as they try to adapt to the changed lifestyle that accompanies the presence of a handicapped child in the home.

Studies have shown that families of handicapped children appear to be particularly vulnerable to the experience of stress. In fact, in some cases, this stress factor is so great that some families have felt that

they have had no choice but to seek institutional care for their children. As a result, we must find new methods of returning these children to their own homes, which will alleviate the stress as much as possible. We believe and expect this is precisely what the Missouri waiver will do.

In addition, as I indicated earlier, the waiver will be a cost-effective mechanism for delivering alternative sources of care to these children. Implementation of the waiver provisions will save approximately \$3500 per child over a year's time. This translates into savings for the taxpayer, while clients are provided better services more efficiently in their home surroundings.

We speak of the waiver of being

the magic instrument which will save money and ensure quality. Obviously, it's a start, and when you're dealing with government, you're going to have paperwork. Still, it is what this paperwork represents that is important. It represents a unified approach for children and their parents to be successfully reunited so that each child can reach his or her full potential in an environment most conducive to recovery. Without the expertise of the physician, the medical needs of the child cannot be totally identified. Without the case manager, the various essential one-on-one support to the child and the family would be missing. Without the support and cooperation of the service providers, the

entire program would not be possible. It's through their knowledge and care that these children are able to be treated in their homes. And obviously, without the care, love and understanding of the parents, these children would not even have a small hope of sucessfully recovering, going on to lead fulfilling lives.

It's this unity of purpose that makes this program a success. When all the concerned parents are striving for a common objective, many worthwhile goals can be obtained. I believe the goals contained in Missouri's waiver are very humane and certainly with your continued efforts and help they are attainable and they will be obtained.